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## ADDRESSING WEIGHT BIAS IN A CLINICAL PSYCHOLOGY TRAINING PROGRAM

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Presented at the 5<sup>th</sup> Annual Weight Stigma Conference, June 2017, Prague, Czech Republic

## INTRODUCTION

- The prevalence of weight discrimination has increased by 66% over recent decades (Andreyeva et al., 2008)
- Comparable to discrimination based on race and age (Puhl et al., 2008)
- Weight stigma is an almost daily experience for many higher body-weight people (Vartanian et al., 2014)
- Influences experiences and outcomes across a range of life domains, including health care (Phelan et al., 2015; Puhl & Heuer, 2009; Spahlholz et al., 2016)



## INTRODUCTION



- Medical doctors and medical students exhibit implicit and explicit weight prejudice (Phelan et al., 2014; Sabin et al., 2012)
- Experience negative emotional reactions (e.g., disgust) to the appearance of higher body-weight patients (Foster et al., 2003)
- Clinical psychologists assign more negative psychological symptoms, diagnostic judgments, and prognoses to higher body-weight patients (Davis-Coelho et al., 2000; Young & Powell, 1985)
- Among eating disorder specialists, weight bias is associated with expressing negative attitudes and frustrations about treating higher body-weight patients (Puhl et al., 2014)

## INTRODUCTION

- Weight bias is a neglected issue in mental health training
- Weight bias is difficult to reduce (Danielsdottir et al., 2010; et al., 2014)
- Only a few studies have examined the efficacy of educational weight bias reduction interventions among health professionals or trainees (e.g., Kushner et al., 2014; Poutschi et al., 2013; Swift et al., 2013)
- To my knowledge, none have focused on mental health specialists
- However, training activities that provide information about weight bias, emphasize the complexity of weight, and include intergroup exposure may help to reduce weight bias among mental health professionals



## PURPOSE OF STUDY



- Unique opportunity to integrate teaching and research interests
- What is the efficacy of a weight bias seminar taught to clinical psychology graduate students, interns, and postdocs?
- Expect that the weight bias seminar would influence trainees' weight and health beliefs and anti-fat attitudes in less stigmatizing ways

## METHOD

- Participants: 45 clinical psychology trainees (28 women; 28 White/Caucasian; M age 28 years; 12 self-perceived higher body-weight)
- Completed surveys one week before and one week after the weight bias seminar



## METHOD: WEIGHT BIAS SEMINAR

1. What is 'obesity'? Objective: Challenge assumptions
2. What is weight bias? Objective: Demonstrate pervasiveness and harm
3. What can we do about it? Objective: Shift from weight to well-being



Photo Credit: Canadian Obesity Network Image Gallery

## METHOD: MEASURES

1. Causes of Obesity (Foster et al., 2003)
  - 15 items, 1 (*not at all important*) to 5 (*extremely important*)
  - Eating and exercise (e.g., physical inactivity, overeating, high fat diet)
  - Other (e.g., genetic factors, psychological stress, insufficient sleep, weight bias)
2. Weight and Health Beliefs (developed for purpose of study)
  - 11 items, 1 (*disagree strongly*) to 7 (*agree strongly*)
  - e.g., The so-called obesity epidemic is overstated; Dieting is effective for long-term weight loss (R); Obesity causes health problems and death (R); Higher body-weight people can be healthy, and lower body-weight people can be unhealthy



Photo Credit: Canadian Obesity Network Image Gallery





Photo Credit: Rudd Center Image Library

## METHOD: MEASURES

### 3. Anti-fat Attitudes Questionnaire (Crandall, 1994; Quinn & Crocker, 1999)

- 18 items, 1 (*disagree strongly*) to 9 (*agree strongly*)
- Dislike (e.g., I really don't like fat people much)

- Willpower (e.g., Some people are fat because they have no willpower)

### 4. Universal Measure of Bias (Latner et al., 2008)

- 10 items, 1 (*strongly disagree*) to 7 (*strongly agree*)

- Social Distance (e.g., I would not want to have a fat person as a roommate)

- Equal Rights (e.g., Special effort should be taken to make sure that fat people have the same rights and privileges as other people (R))

## METHOD: MEASURES

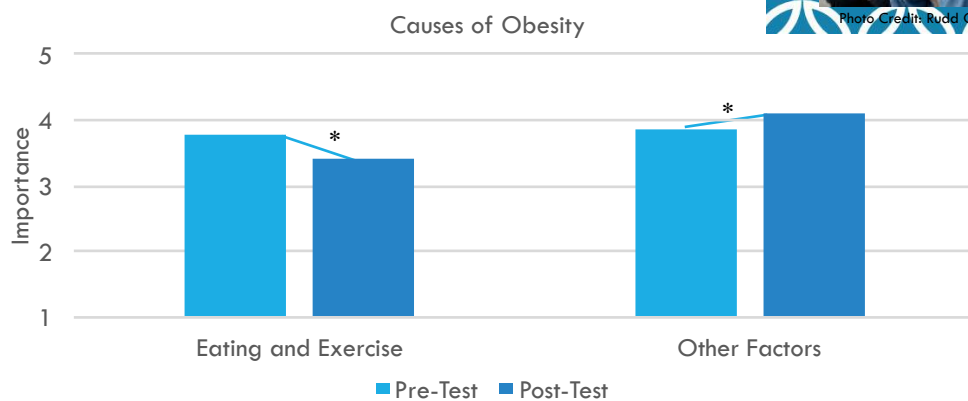
### 5. Attitudes about Treating Obese Patients (Puhl et al., 2014)

- 16 items, 1 (*strongly disagree*) to 5 (*strongly agree*)
- e.g., I often feel frustrated with obese patients (R)



Photo Credit: Stocky Bodies

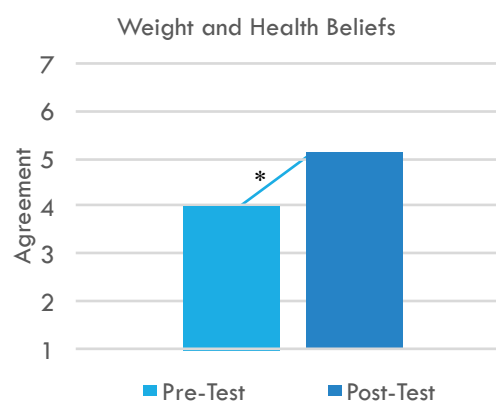
## RESULTS



$t(44) = 3.24, p = .002, d = 0.48$

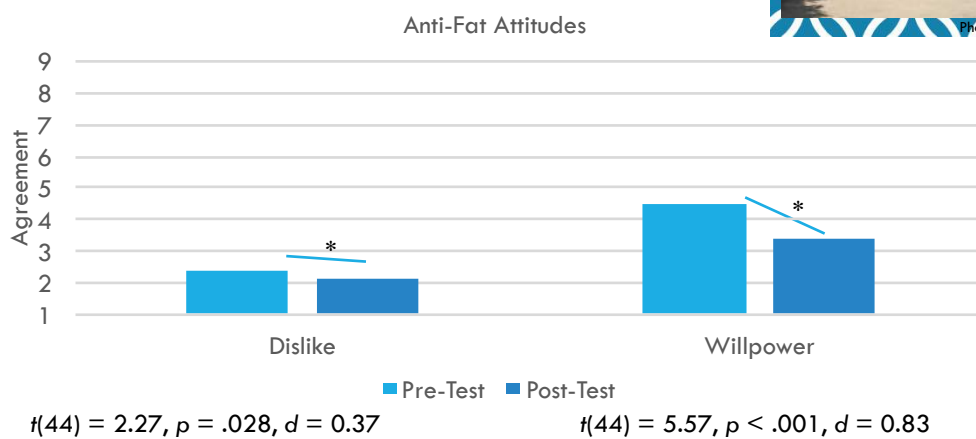
$t(44) = 2.81, p = .007, d = 0.42$

## RESULTS



$t(44) = 8.70, p < .001, d = 1.35$

## RESULTS



## RESULTS

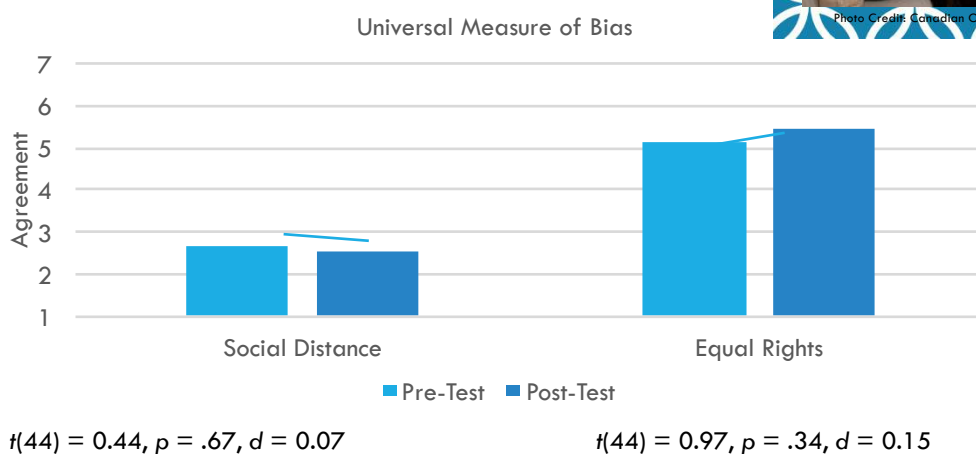
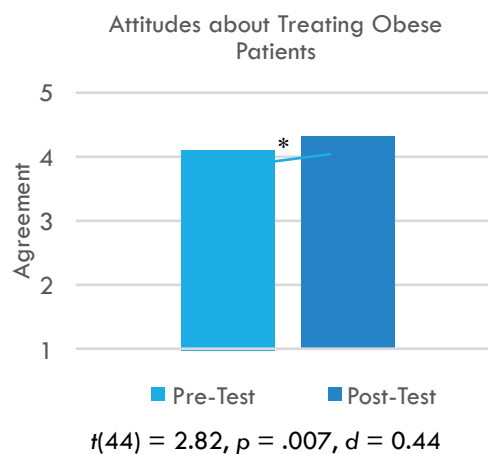






Photo Credit: Stocky Bodies

## RESULTS



## RESULTS: MEDIATION

Using MEMORE macro (Montoya & Hayes, 2017)

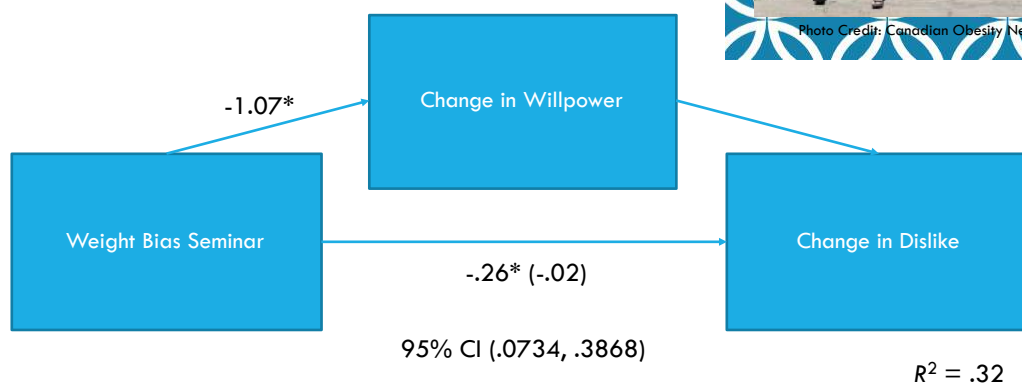
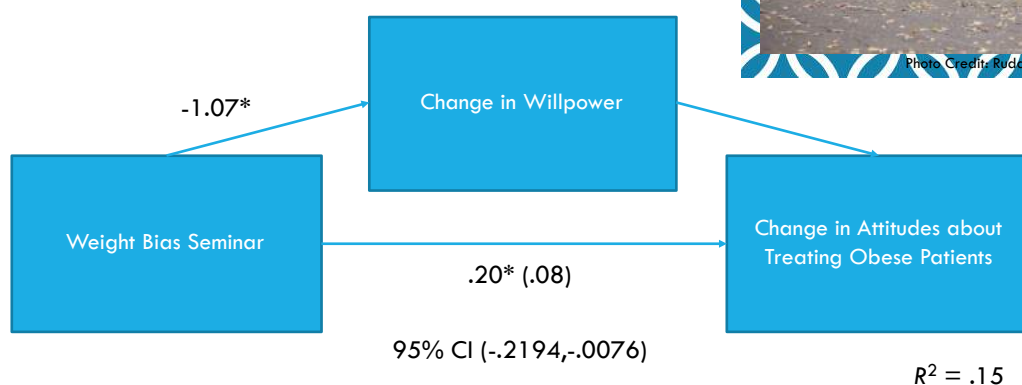


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## RESULTS: MEDIATION

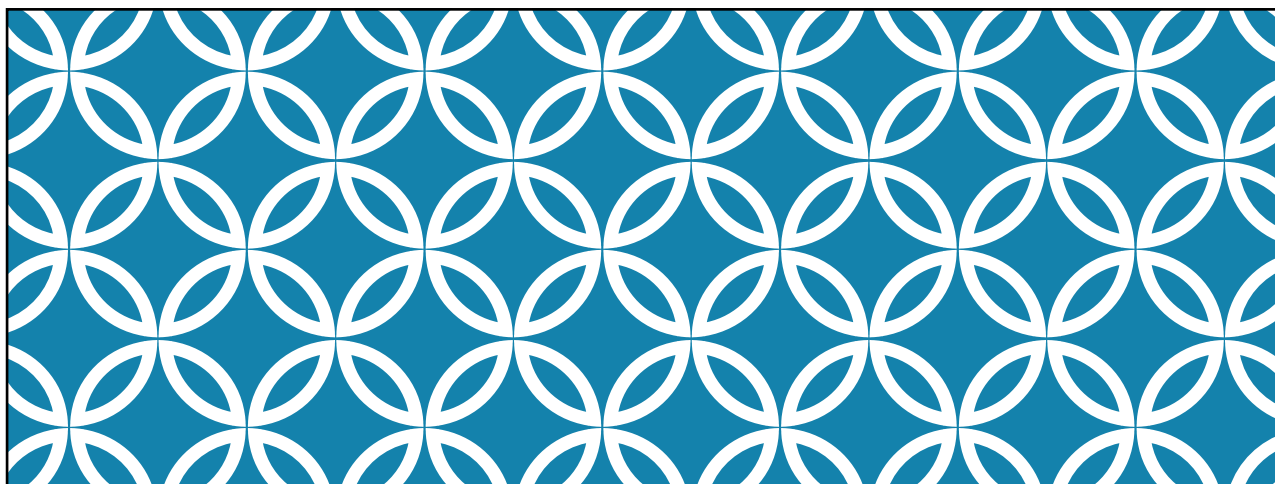
Using MEMORE macro (Montoya & Hayes, 2017)



## TAKE-AWAY MESSAGE



- This study is a first attempt to bridge the divide between weight bias research and clinical psychology training
- There is a need for weight bias to be covered in mental health programs to produce culturally competent psychologists who are aware of diversity issues
- Without this knowledge, programs run the risk of training psychologists who perpetuate weight stigma and ultimately cause harm to patients



# QUESTIONS?

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